

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000023490 (2)**

1. Corporation Name

CABINETURE, INC.



Principal Place of Business

**39942 U.S. HWY. 19 NORTH
TARPON SPRINGS FL 34689**

Mailing Address

**39942 U.S. HWY. 19 NORTH
TARPON SPRINGS FL 34689**

2. Principal Place of Business

2a. Mailing Address

21 **39972 U.S. HWY. 19 NORTH**

26 **39972 U.S. HWY. 19 NORTH**

State: April 1, 1996

State: April 1, 1996

City & State

City & State

23 **TARPON SPRINGS, FL.**

28 **TARPON SPRINGS, FL.**

Zip

Country

Zip

Country

24 **34689**

25 **U.S.A.**

29 **34689**

30 **U.S.A.**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

03/22/1995

4. FBT Number

Applied For

Not Applicable

591010213

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**DODGE, RICHARD H
1312 HOMESTEAD DR.
PALM HARBOR FL 34683**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0508, Florida Statutes.

SIGNATURE

RICHARD H. DODGE, JR.

R.H. Dodge, Jr.

1-25-96

12. OFFICERS AND DIRECTORS

1. NAME	☐ DELETE
2. STREET ADDRESS	
3. CITY, STATE, ZIP	
4. TITLE	☐ DELETE
5. NAME	
6. STREET ADDRESS	
7. CITY, STATE, ZIP	
8. TITLE	☐ DELETE
9. NAME	
10. STREET ADDRESS	
11. CITY, STATE, ZIP	
12. TITLE	☐ DELETE
13. NAME	
14. STREET ADDRESS	
15. CITY, STATE, ZIP	
16. TITLE	☐ DELETE
17. NAME	
18. STREET ADDRESS	
19. CITY, STATE, ZIP	
20. TITLE	☐ DELETE

13.

1. TITLE	☐ Change ☒ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. TITLE	☐ Change ☒ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	

14. I hereby certify that the information supplied within this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 14 with changes, or on an attachment with an address.

SIGNATURE: **R.H. Dodge, Jr.** **RICHARD H. DODGE, JR.** **1-25-96** **813-937-7766**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)